

# COURSE APPROVAL FOR CONTINUING EDUCATION

1. NAME OF COURSE, PROGRAM or SEMINAR:

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2. SPONSORING ORGANIZATION:

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3. HOURS OF INSTRUCTION: \_\_\_\_\_

4. INSTRUCTOR(S):

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5. ARE INSTRUCTORS ON CCE COLLEGE POSTGRADUATE STAFF?

YES \_\_\_\_\_ NO \_\_\_\_\_

6. INCLUDE EDUCATIONAL BACKGROUND AND VITAE OF EACH INSTRUCTOR.

7. WHO IS THE COMPLIANCE OFFICER?

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8. WHAT IS THE METHOD OF CERTIFYING ATTENDANCE? PROVIDE SAMPLE.

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9. PROVIDE OUTLINE OF MATERIAL TO BE COVERED.

10. LOCATION(S)

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11. DATE(S):

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12. IS THIS COURSE, PROGRAM or SEMINAR SPONSORED BY, CO-SPONSORED BY, or PRESENTED UNDER THE AUSPICES OF A CCE ACCREDITED COLLEGE? YES \_\_\_\_\_ NO \_\_\_\_\_

13. I HEREBY CERTIFY THAT ALL INFORMATION LISTED ABOVE IS CORRECT AND ALL REQUIRED ATTACHMENTS ARE PROVIDED.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

PROCESSING FEE ENCLOSED: \$ \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

**THE ARKANSAS APPROVAL NUMBER MUST BE INCLUDED ON ALL  
CERTIFICATES OF ATTENDANCE.**